

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

13133-63-049751

STATE FILE NUMBER

FILED JAN 9 1964

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in 1b

1 week

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Jewish Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY S. Louis

c. CITY OR TOWN

Pagedale 33

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

7332 Park Dr.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Sylvester

Bernard

Meier

4. DATE OF DEATH

Month

Day

Year

Dec.

31

1963

5. SEX

M

6. COLOR OR RACE

W

7. Married ☐

Never Married ☐

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

4-11-03

9. AGE (last birthday)

60

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Brewery Worker

10b. KIND OF BUSINESS OR INDUSTRY

Anheuser-Busch

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Anthony Meier

13b. MOTHER'S MAIDEN NAME

Elizabeth Muesenfechter

14. NAME OF HUSBAND OR WIFE

Della G. Meier

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Della G. Meier-7332 Park Dr., Pagedale

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia - ? Aspiration

INTERVAL BETWEEN ONSET AND DEATH

4 days - 6 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Intestinal Obstruction

1 week

DUE TO (c)

Adhesive Band

570.5

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Delirium Tremens (Bar-oo) Adhesiolysis 12/24/63

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Dec 24<sup>th</sup> to Dec 31<sup>st</sup>

and last saw her alive on Dec 31<sup>st</sup>

Death occurred at

11:18 PM

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Richard G. Suson MD

22b. ADDRESS

4511 Forest Park Blvd.

22c. DATE SIGNED

1/3/64

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1-4-1964

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Baumann Bros. 2504 Woodson

25. DATE RECD. BY LOCAL REG.

JAN 3 1964

26. REGISTRAR'S SIGNATURE

Joan Smith. M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.